SUPPLIER EVALUATION FORM

The purpose of this evaluation form is to rate an awarded supplier of goods and services to the School Board of Broward County in order to assist in determining if SBBC should continue to do business with this awardee in the future. Completion of this form is necessary to aid the Supply Management & Logistics (Purchasing) Department in determining the quality of service purchased the District. Your input may be used in the evaluation of future bids or proposals submitted by this supplier. Please return completed evaluation form to:

Charles V. High, C.P.M., A.P.P.
Supply Management & Logistics Department
Technology and Support Services Center
7720 West Oakland Park Boulevard
Sunrise, Florida 33351
E-mail: charles.high@browardschools.com
For assistance with this form, please contact 754-321-0527

SECTION 1 – SUPPLIER EVALUATION

BANK OF AMERICA, N.A.

Supplier Name *:

Supplier Address:	625 North Flagle	r Drive, West P	alm Beach,	Florida 334	01					
Supplier Contact:	625 North Flagler Drive, West Palm Beach, Florida 33401 Sean Silverbush									
Contact Telephone:	954-722-6542		······································	***************************************	***************************************					
* Required Field		•			***************************************	······································				
				•						
How do you rate suppl the following areas:		Very Good	Good	Fair *	Poor *	Not Sure *				
Customer Service prior t order placement?										
Delivery as of services a promised?	S									
How was the customer service during the term contract. * Explain Below (If additional services)										
What did you like best or exceeded by find the Class, they are Additional Comments:			•		as not as been ery acco	first .				
	7				······································					
Which one of the follow best describes how like you (or your staff) are t utilize this supplier aga	ely V	Probabl	/ Not S	Sure * U	nlikely *	Very Unlikely*				
* Explain Below (If additional s If unlikely or very unlikely	pace is required, attach	,								
Additional Comments: _				-		·				

SECTION 2 - PRODUCT / SERVICE EVALUATION

Description of Service Rendered by Supplier:	Description of Se	envice Rendere	d: Banking S	Panisas	·	
toridated by Supplier.		avice iteliaele	u, <u>banking a</u>	services		
How do you rate the	Excellent	Very Good	Good	Fair*	Poor *	Not Sure *
service provided in the following areas:	New 2 1 mm may 20 300.7 1	/ /	0000	t Gri:	I COI	NOT SUITE
Compliance with RFP Specifications?		V /				
Quality as compared to similar services?		V /				
Price as compared to similar services?		V				
*Explain Below (If additional spa What did you like best or lo With best-in-clas We are utilizin Efficiencies	east about this ser	vices bank			vides for	be Datret
Additional Comments:						
		>				
Which one of the following best describes how likely you (or your staff) are to purchase this service again?	y /	Probably	/ Not S	Sure * U	Inlikely *	Very Unlikely*
Explain Below (If additional spa	* '	•				
Additional Comments:						
•	SE	CTION 3 - END)-USER INP	IIT		
Please share any additiona evaluation of supplier or predocumentation.	at information rega roduct/service. Yo	ording the suppl	lier or the pro comment st	oduct/service heet to this fo	provided that orm or any ap	at will assist in th oplicable
Name/Title * :	IVAN 14	crone / Ac		USTET		
School/Department *:	Treasurer	13 office	7			
Contact Telephone *: Required Field	754-321-	1980	P.O. Number	f (if applicable)	: N/A	
SECTION 4 - TO BE	COMPLETED BY	SUPPLY MAI	NAGEMENT	& LOGISTIC	CS DEPART	MENT ONLY
RFP #: 10-019V	Bid Title: Banking Services		<u> </u>		Buyer/P.A	
10-0134	Danking Services				C. High	